

**ENROLMENT FORM**

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**FOR OFFICE USE ONLY**

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| --- | --- | --- |
| **STUDENT ID NO.** | **COURSE NAME** | **BATCH & YEAR** |
|  |  |  |

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**PLEASE COMPLETE THE ENTIRE FORM IN BLOCK LETTERS**

|  |
| --- |
| Recent Color Passport Sized Photograph |

**AND TICK WHERE APPLICABLE**

**Personal Data**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(First) (Middle) (Last)

2. **Father/ Husband/ Guardian's Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(First) (Middle) (Last)

3. **Date of Birth: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YY)**

4. **Gender:** Male Female

**5. Marital status:** Single / Married /

6. **Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. **Correspondence Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (STD Code): Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. **Permanent Address**:

|  |
| --- |
|  |

Please tick if the permanent address is same as correspondence address, otherwise fill below:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (STD Code): Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skype: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUALIFICATION /EDUCATION DETAILS:**

1. **Graduation**

Degree/Diploma/Certification:

University:

Month and year of passing:

Internship: name of the institute where you worked during your internship:

2. **Post Graduation**

Post Graduate Degree:

University:

Month and year of passing:

3. **Any Other Qualifications**:

4. **Profession:**

**Kindly state the Course(s) you wish to enroll for:**

**Course Name:**

**Batch & Year:**

I solemnly declare that the above information provided by me is correct and true. I also understand that the Academy reserves the right to change any part of the course or its conditions if it considers this to be in the best interest of those concerned, and I agree to abide by the Academy guidelines and instructions.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Fees:**

* **Interns** - Sponsored by academy (A deposit of Rs. 5,000/- is required to enroll for the course, which will be refunded at the end of the 24 days, provided the students attend minimum of 75% of all lectures)
* **Practitioners** – 13,500/- (inclusive of taxes)
* **M.D Students and Beginner Practitioners within 3 months of completion of Internship:** Rs. 6800/- (inclusive of taxes)

**PAYMENT OPTIONS:**

|  |  |
| --- | --- |
| Demand Draft / Cheque |  |
| Bank Transfer |  |
| Cash ( payable at the academy ) |  |
| Card Payment ( payable at the academy ) |  |

Pick a Payment Option & Send:

**OPTION I: In Case of Payment with Cheque / Demand Draft**

Crossed Cheques must be issued in the name of “Foundation for Vital Healing” payable at Mumbai.

**OPTION II: In case of Bank Transfer**

1. **CITI BANK 2. ICICI BANK**

A/C NAME: FOUNDATION FOR VITAL HEALING A/C NAME: FOUNDATION FOR VITAL HEALING  
BANK NAME: CITI BANK (JUHU BRANCH) BANK NAME: ICICI BANK (ANDHERI WEST BRANCH)  
A/C NUMBER: 0036581115 A/C NUMBER: 001105022576  
IFSC CODE: CITI0100000 IFSC CODE: ICIC0000011  
MICR NUMBER: 400037006 MICR NUMBER: 400229003

\*\* Please send the confirmation mail after the payment has been made along with the Reference no. / Transaction No. / Receipt of payment at [adminacademy@theothersong.com](mailto:adminacademy@theothersong.com)

**OPTION III: In Case of Payment via CASH & DEBIT/CREDIT CARD**

Payment through Cash / Credit or Debit Card is payable at the academy reception.

**Please Note: Fees include tuition fee, locker fee and charges for identity card, excludes lunch.**

**Enrolment Checklist:**

Please ensure the following documents are enclosed with this enrolment form:-

* + - Final Year Marksheet.
    - Degree certificate (if applicable)
    - Provisional Certificate (if any)
    - 3 / 4 year / hall ticket (for student)
    - ID & Address Proof (Passport / Aadhar card / Pan Card / Election Card etc.)
    - 2 passport size photographs

**General Instructions**

1. Kindly ensure that the application form is completely filled up along with supporting documents before submission. In case of any clarification in the form, please consult the institute at [adminacademy@theothersong.com](mailto:adminacademy@theothersong.com)

1. The information contained herein is correct at the time of printing. The Foundation for Vital Healing reserves the right to vary any of the specified information herein or with regard to the program in general at any time.
2. Governing jurisdiction for any disputes shall be Mumbai courts.
3. Service tax would be levied when applicable.

**Please send your completed enrollment form with proof of payment / payment to our Administrative Office at the address below 2 week prior to the course.**

the other song—International Academy of Advanced Homoeopathy\*

1001, Peninsula Heights,

C. D. Burfiwala Marg,

Juhu Lane,

Andheri (W), Mumbai - 400 058

(Maharashtra), INDIA

Tel: +91 022 42616666

(\*Unit of: Foundation for Vital Healing)

**Or email it to:** [**adminacademy@theothersong.com**](mailto:adminacademy@theothersong.com)

**Cancellation Policy:**

**For Interns/ Student:**

* Deposit of Rs. 5000/- to be made at least by 2 weeks prior to book the course. Full refund after the successful completion of the course\*
* No refund will be given if cancelled less than 2 weeks before the course.

**For MD students/Practitioners:**

* Payment of all the courses to be made at least by 2 weeks prior to the course.
* No refund will be given if cancelled less than 2 weeks before the course.

\*Attendance less than 75%: no refund

Management reserves the right to cancel or withhold permission granted without giving any reasons.

Data protection - The information on this form may be held on a database and will not be passed on to any other party or organization.

‘the other song’ - International Academy of Advanced Homoeopathy\*

1001, Peninsula Heights, C. D. Burfiwala Marg, Juhu Lane, Andheri (W), Mumbai - 400 058. Maharashtra, India

T +911 022 42616666, [www.theothersong.com](http://www.theothersong.com)

A unit of ‘Foundation for Vital Healing’